SUPPORTIVE HOUSING EVALUATION

Report 3: July 1, 2000
Through
December 31, 2000

EXECUTIVE SUMMARY

This report is the third in a series of semi-annual reports on the evaluation component of the Supportive Housing Projects funded by the State of California's Department of Mental Health (DMH). In mid-1999 DMH funded 13 Supportive Housing projects designed for persons with serious mental illness who may also have co-occurring disorders. A program evaluation is included in each project.

By the end of this third six-month period (July 1, 2000 to December 31, 2000), data were received from 12 of the 13 projects. One project was exempt from the evaluation because of its transitory contact with clients.

Data have been submitted for 278 clients, with slightly more males than females. The majority of clients are white/Caucasian, with 30% comprised of African-American, Hispanic, Native American, Filipino and Asian. The primary diagnosis is mood Disorders, followed by schizophrenia/psychotic disorders and anxiety/other disorders.

Clients admitted to the programs have serious difficulty functioning in a number of areas. This conclusion is based on the average of the scores of the Global Assessment of Functioning (GAF) and the Kennedy Axis V scores (K Axis).

Clients report mixed feelings about most areas of their lives, with their living situation and physical safety receiving the highest ratings of satisfaction. Clients reported an average of more slightly more than one contact a month with family and the same frequency of contact with friends. Few reported being a victim of crime and even fewer reported being arrested. These findings come from the California Quality of Life form completed by the clients at admission.

Annual data was submitted for 15 clients, but not all cases had complete sets of data. It would be misleading to present statistical analyses of outcomes on such a small number. Descriptive data reveal that employment status had not changed between admission and the time of the annual data collection. All annual clients had received housing services, and clients reported high levels of satisfaction with program services.

Eleven clients had been discharged by December 31, 2000. Again, the small number of discharges makes statistical analysis misleading. They received housing services, referral to community mental health services, screening and diagnostic services, assistance in obtaining housing, assistance in keeping housing, and case management services. At the time of discharge, housing services for discharged clients had shifted towards more restrictive/supportive housing, This suggests that these clients needed a more protective environment and more treatment services than the Supportive Housing projects could provide. The next report is due in October 2001.

SUPPORTIVE HOUSING EVALUATION REPORT 3
FOR JULY 1, 2000 – DECEMBER 31, 2000

I. OVERVIEW

In mid-1999, California's Department of Mental Health (DMH) funded 13 Supportive Housing projects. These projects were designed to increase housing and supportive services for persons with serious mental illness who may also have co-occurring disorders, as well as to evaluate the effectiveness of such projects at affecting client outcomes. Eight projects were funded in May 1999, and five additional programs were funded in July 1999 when additional Federal monies became available.

This is the third in a series of semi-annual reports that present data submitted by the 13 projects. These data are being submitted as part of a required evaluation of program effectiveness.

There are three data collection forms completed at admission for each client that agrees to participate in the evaluation. These forms include a Face sheet that collects background information on the client, the Kennedy Axis V (K Axis), and the California Quality of Life (CA-QOL). These forms, plus a fourth form, the Mental Health Statistics Improvement Program Consumer Survey (MHSIP), are completed annually and at discharge.

Client participation in the evaluation is voluntary and clients may receive all project services without participating in the evaluation. If a client declines to participate, the only data collected is the admission Face Sheet that provides basic demographic data on project participants.

By the end of this third reporting period, data were received from 12 projects. A thirteenth project was excluded from the formal evaluation because the nature of their project is such that they have no follow-up contact with clients served. Thus, repeated data collection from those clients is impossible. That project, which is located in Los Angeles, provides emergency housing mediation to help keep clients housed. Following the provision of emergency services, the project referred clients to other social service agencies. For the twelve projects participating in the evaluation, the data are submitted to DMH through the Department's TELEform fax-based data entry system.

This report includes data received by December 31, 2000. Data that still needed correction as of December 31, 2000 are not included in this report.

II. DATA COLLECTION

There were 54 new clients admitted to the projects between July 1, 2000, and December 31, 2000. (See Table 1 below). Two counties, Santa Clara and Yolo, did not admit any clients during this period. This brings the total number of clients participating in the evaluation to 278.

TABLE 1: CLIENTS ADMITTED TO THE PROJECT

COUNTY	NEW CLIENTS THIS PERIOD	CLIENTS ADMITTED PREVIOUSLY	TOTAL CLIENTS ADMITTED
Alameda	10	30	40
Contra Costa	4	13	17
Kern	2	40	42
Monterey	2	10	12
Napa	7	0	7
Sacramento	3	12	15
San Joaquin	4	21	25
Santa Clara	0	23	23
Santa Cruz	4	49	53
Shasta	14	21	35
Solano	4	3	7
Yolo	0	2	2
TOTAL	**54**	**224**	**278**

The specific types of forms received are shown in Table 2, below. A total of 327 Face Sheets have been submitted, including 11 from clients who have been discharged, 15 annual Face sheets, and 23 from clients who declined to participate. Thus, there may be several forms for one client, e.g., an admission face sheet, an annual face sheet and a discharge Face Sheet. There have been 335 K Axis and 300 CA-QOL forms submitted by December 31,2000. There were 37 MHSIP forms submitted from the clients who had been in the projects a year or from those who were discharged from the projects.

TABLE 2: TYPE OF DATA FORMS SUBMITTED BY DECEMBER 31, 2000

COUNTY	FACESHEET	K AXIS	CA-QOL	MHSIP	TOTAL
Alameda	40	53	42	0	135
Contra Costa	17	35	28	8	88
Kern	42	44	42	0	128
Monterey	12	12	12	0	36
Napa	7	10	7	0	24
Sacramento	28	19	24	12	83
San Joaquin	38	38	36	13	125
Santa Clara	23	23	21	0	67
Santa Cruz	69	56	64	4	193
Shasta	42	36	16	0	94
Solano	7	7	6	0	20
Yolo	2	2	2	0	6
TOTAL	**327**	**335**	**300**	**37**	**999**

III. DATA From Participating Clients

Client Characteristics: A "typical" client admitted to these Supportive Housing projects is a 40 year old white male with a mood disorder and serious impairment in his ability to function in most areas of his life. He averages at least one contact a month with his family and friends. He reports mixed feelings in most areas of his life, but he is mostly satisfied with his living situation and with his personal safety. He reports the least satisfaction with his finances, which give him somewhere between $25 and $50 a month spending money. He reports that his health status is good and that he has not recently been arrested nor recently been a victim of crime. This description emerges from the data collected at admission on the Face Sheet, CA-QOL, and K Axis.
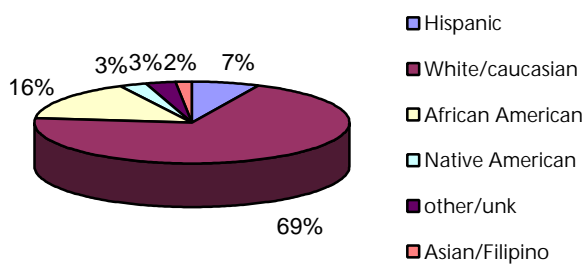
> ### Client Profile
>
> The typical client is a 40 year old white male with a mood disorder and with serious impairment in his ability to function in most areas of his life.

Race/ethnicity descriptions in the Supportive Housing projects are determined by the clients themselves (i.e., self-identification). About three fourths of the clients in these Supportive Housing projects identified themselves as White/Caucasian (see Chart 1 below). African American is the second most frequent racial/ethnic category, followed by Hispanic and then Native American. It should be noted that Hispanic is an ethnic category that may overlap with several racial categories, (e.g., some Hispanics may report their ethnicity as White or African American).

Chart 1 Race/Ethnicity of Participants

- Hispanic: 7%
- White/caucasian: 69%
- African American: 16%
- Native American: 3%
- other/unk: 3%
- Asian/Filipino: 2%

Chart 2 Gender of Clients

- Male: 46%
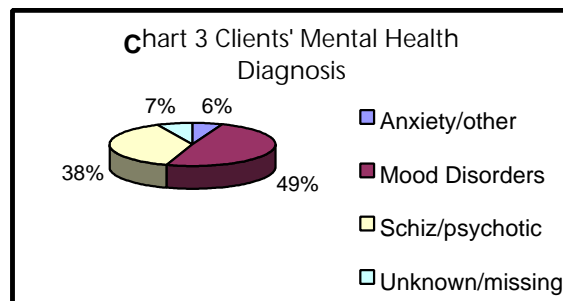- Female: 44%
- Missing data: 10%

The proportion of men to women is almost equal, as Chart 2, (at right) shows. Slightly more of the participants that reported their gender are men, (46% vs. 44%).
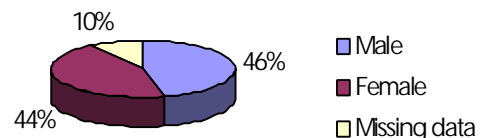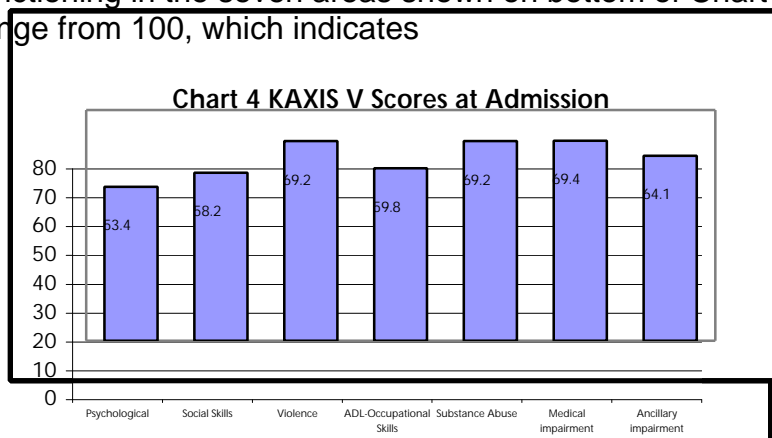
Clients ranged in age from 18 to 63, with the average being 40.2 years of age. The average Global Assessment of Functioning (GAF), a rating of client functioning by clinicians, is 55.8. This indicates a level of functioning with moderate to serious impairment in most areas.

The primary diagnosis for a majority of the clients is mood disorder (49%), followed by schizophrenic/psychotic (38%), Anxiety/other disorders (7%), and with data missing for roughly 6 percent of the cases, see Chart 3, below right. See data Tables A1-A3, Appendix A. These data came from the Face Sheet completed by project staff at admission.

Chart 3 Clients' Mental Health Diagnosis

7%   6%

□ Anxiety/other

38%

49%

■ Mood Disorders

□ Schiz/psychotic

□ Unknown/missing

Instrument Scores at Admission – K Axis: Clients' scores at admission on the Kennedy Axis V indicates that most clients are functioning in the moderately impaired range, with most of the scores being in the 50s or 60s. The K Axis is designed to capture the clinician's impression of the client's level of functioning in the seven areas shown on bottom of Chart 4 (below). While scores can range from 100, which indicates

Chart 4 KAXIS V Scores at Admission

Psychological	Social Skills	Violence	ADL-Occupational Skills	Substance Abuse	Medical impairment	Ancillary impairment
53.4	58.2	69.2	59.8	69.2	69.4	64.1

K Axis Scoring: 100=Superior; 90=good skills; 80=slight impairment; 70=mild difficulties; 60=moderate difficulties; 50=serious impairment; 40=major impairment; 30=considerable problems; 20=major problems functioning; 10=chronic problems

superior functioning, to zero, which indicates totally dysfunctional, the clients in the supportive housing projects averaged scores which indicated moderate
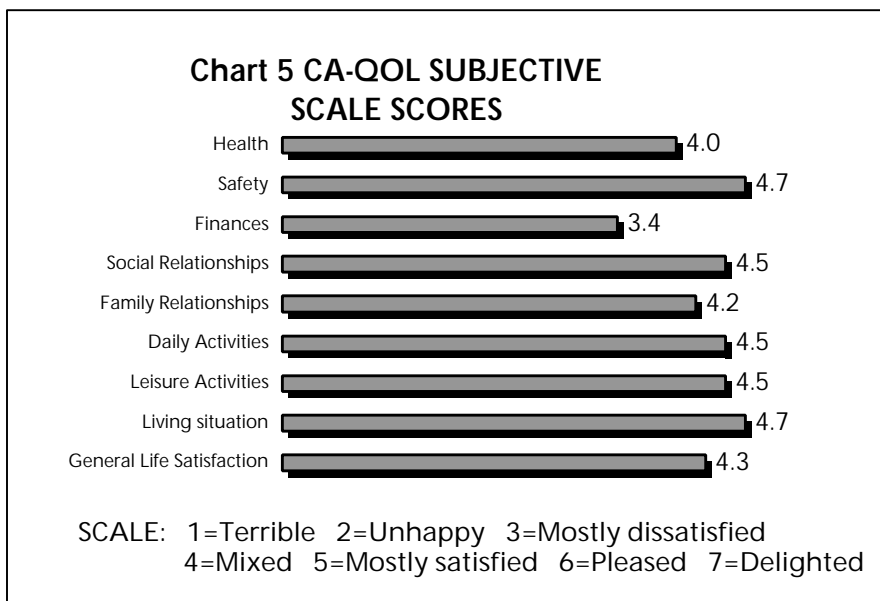
For substance abuse, a score of 69.2 suggests someone who drinks to mild intoxication 1 or 2 days a week, who may occasionally experiment with drugs such as marijuana, Valium etc

problems, see Chart 4, above. The Supportive Housing clients had the lowest ratings in the area of psychological impairment, with a mean score of 53.4. A client with a score of 53 could have a moderately depressed mood, severe obsessional rituals, severe phobias, and/or severe sexual perversions. Clients scored the highest level of functioning on the Medical Impairment scale, with a score of 69.4. This suggests mild medical impairment, e.g., medical problems which may cause some difficulty in social, occupational or school. This would include mild impairment in mobility, or hearing that can be corrected by the use of prosthesis, hearing aids, etc.

Clients also had similar scores in the areas of substance abuse and violence, with scores of 69.2 on both scales.

Instrument Scores at Admission – CA-QOL: The CA-QOL asks clients to rate their quality of life in several areas. It produces two types of ratings, one for subjective items (based on client's own perceptions), and one for objective items (based on counts of

categorical responses). As Chart 5 shows (below), for the subjective items clients generally reported mixed feelings about most areas of their lives.

Chart 5 CA-QOL SUBJECTIVE SCALE SCORES

Category	Score
Health	4.0
Safety	4.7
Finances	3.4
Social Relationships	4.5
Family Relationships	4.2
Daily Activities	4.5
Leisure Activities	4.5
Living situation	4.7
General Life Satisfaction	4.3

SCALE: 1=Terrible   2=Unhappy   3=Mostly dissatisfied
4=Mixed   5=Mostly satisfied   6=Pleased   7=Delighted

Clients reported the most satisfaction with their living situation and their physical safety (mean scores of 4.7). Finances were given the lowest scores (mean score of 3.4, indicating mostly dissatisfied feelings).

On the objective scales, two types of scores are reported, average scores for a range of responses and yes/no responses. The average scores are described in the box to the right. Details can be found in Tables A 4, Appendix A.

Two-thirds of the clients reported their finances as adequate. Few reported being victimized (9.1%), and even fewer reported being arrested (3.3%). See Tables A 6 - 7 in Appendix A.
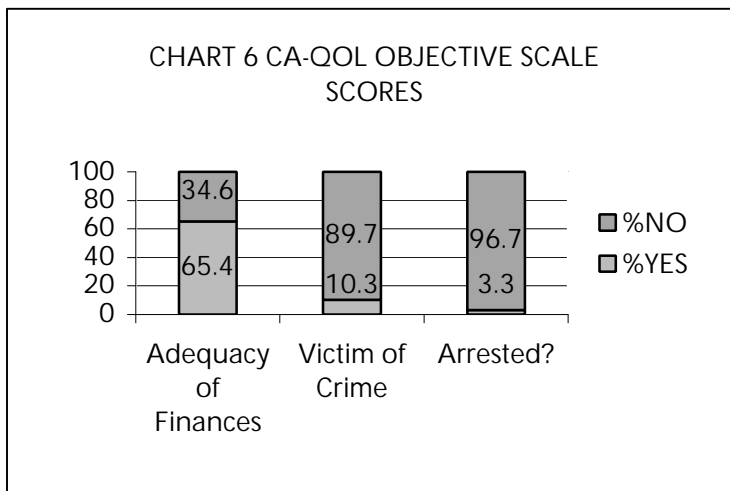
CA-QOL Objective Ratings: Clients reported, on average, slightly more than one contact a month with family and the same amount of contact with friends. The average amount of spending money was in the range of $25 to $50 per month; Health status was rated somewhere between good" and "fair."

CHART 6 CA-QOL OBJECTIVE SCALE SCORES

|	%NO	%YES
Adequacy of Finances	34.6	65.4
Victim of Crime	89.7	10.3
Arrested?	96.7	3.3

IV. Data for Non-Participating Clients:

Demographic Information on clients who decline to participate is collected on the Face Sheet submitted at admission. This background information allows us to verify whether the non-participants differ from participants in any significant way that might reflect bias in non-participation. No further information is collected about these clients. Only two

counties had clients that refused to participate. Almost one quarter (23.2%) of the clients admitted to the Santa Cruz County refused to participate in the evaluation. Shasta County had 16.7% of their clients refuse to participate, see Table B 1 in Appendix B.

The majority of non participants are White/Caucasian, with Asian being the second most frequent race/ethnic category. The numbers are small, but it seems that the race/ethnic categories are similar to that of participants, compare Chart 5, below, with Chart 1, page 3.

Chart 7 Race/Ethnicity of Non-Participants

- African-American
- Asian
- Native American
- White/Caucasian

4% 13% 9% 74%
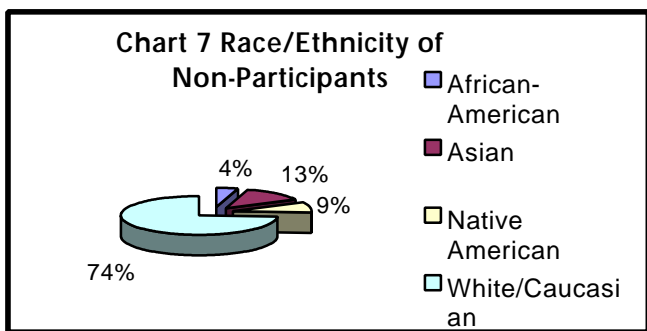
Like participants, the non-participants are almost evenly divided between males and females, 52% vs. 48%.
The average non-participant is a

Chart 7 Gender of Non-Participants

Male 48%
Female 52%
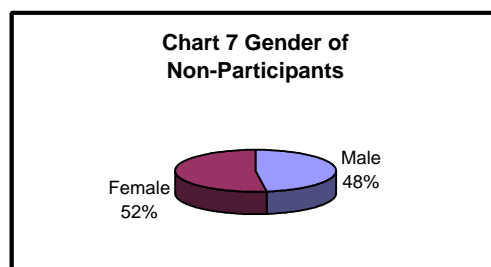
few years older than participants, with an average age of 43.1. The non-participants were functioning at a lower level than participants, with an average GAF score of 50.5. Such a score indicates a serious level of impairment

Chart 9 Mental Health Diagnosis of Non-Participants

- Schiz/Pyschotic
- Mood disorders

30% 70%
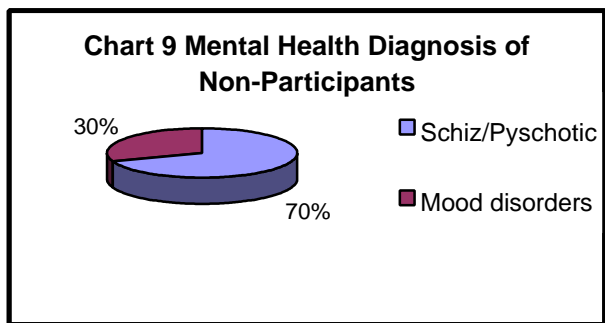
The vast majority of the non-participants had a mental health diagnosis of schizophrenia/psychotic disorder, see Chart 7, left.

While non-participants appear similar to participants in race/ethnicity and gender, they differ from project participants in their level of functioning, mental health diagnosis, and age. No additional data are collected about the non-participants and they will not be included in any further analysis in this report.

V. Data From Annual clients

At the end of the reporting period, December 31st, two programs had clients that have completed a year in the project. Of the fifteen clients that have received services for a year, eight were female, seven male. Half were White, one fifth were Hispanic, and the rest were African American, Native American and "Other."

Unfortunately, admission data are missing for 8 cases, leaving just 7 cases with comparable sets of admission and annual data. These projects were notified and will be re-submitting the admission forms. It would be misleading to present statistical analyses of outcomes on such a small number. Therefore, only descriptions of the services
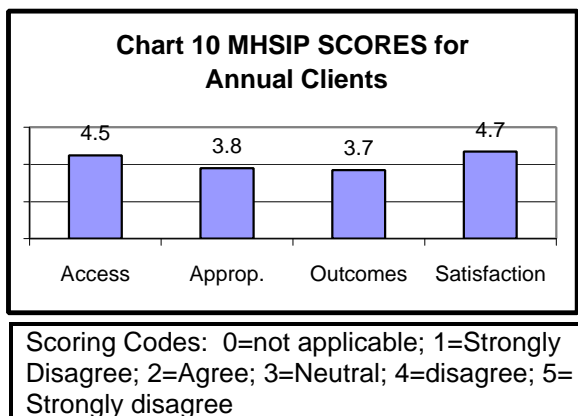
received will be presented. In future reports, when numbers are large enough, a detailed analysis of outcomes will be presented.

Employment status had not changed between admission and the time of the annual data collection. Of the 7 clients for which there are both admission and annual facesheets, at admission, one client was employed in the noncompetitive job market while the other 6 were not working. Unfortunately, at the time of the annual data collection, the employment status hadn't changed: there were six clients not working and one was employed in the competitive job market. The employed client was a different client from the one working at admission. At admission, of those 6 clients not working, one client was actively looking for work, one was a student, 2 were retired/disability, 2 had unstated reasons for not being in the job market.

Housing services received by the time of the annual report, included planning for or referral to housing (2 clients), assistance in applying for housing (1 client), and help in maintaining housing (6 clients).

The type of housing clients' were living in changed over the course of a year. At admission, 2 clients were living in an apartment or house, 2 were in adult residential facilities, one was in supported housing, and data was missing for one case. At the one year point, 5 clients were living in a house or apartment, one was in supported housing, and one was in a house/apartment that provided some support with daily activities. This is a good outcome since mental health clients have stated a preference independent apartment or house. One thing that should be noted is that many of the clients may have stayed in the supported housing projects for a year because they needed more help than others who discharged earlier than one year.

Chart 10 MHSIP SCORES for Annual Clients

Access	Approp.	Outcomes	Satisfaction
4.5	3.8	3.7	4.7

Scoring Codes: 0=not applicable; 1=Strongly Disagree; 2=Agree; 3=Neutral; 4=disagree; 5= Strongly disagree

MSIP Consumer Survey: The MHSIP Consumer Survey measures a client's general satisfaction with program services. Annual clients rated access to services highly, giving it a mean rating of 4.5, out of a possible 5, see Chart 8, left. They gave even higher scores in the area of Satisfaction, giving a mean rating of 4.7. Outcomes were given the lowest average score, of 3.8. Included in Outcomes are such items as "I am getting along better with my family. And "I do better in school and/or work." It may be that clients who have received supportive services for a year are having more difficulties and thus are not happy with their outcomes.

The MHSIP survey also asks three questions not included in the scores. One question asks how clients came to be involved in the program. Of those clients who answered this question, two said they came in on their own and seven reported that someone else recommended it. No one reported they came in against their will.

The second questions as if the client is currently attending any type of self-help groups, and if so, how often. Six did not attend any type of self-help group and 8 did attend. Of
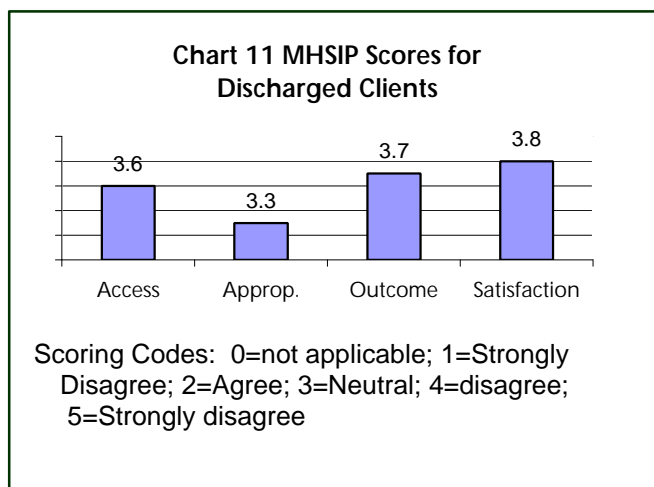
the 8 that did attend, half went to meetings weekly, 3 went monthly, and one went occasionally.

The third question asks what the client would like to change about the program. The majority didn't answer this questions, but three of the 8 who did answer it were very pleased with the program and didn't want any changes. One client reported that a specific staff person was rude. The rest of the comments featured suggested improvements. One client from San Joaquin County wanted more outings. A client from Santa Cruz felt that coordinators had too many clients, he/she explained "I'd like to see them more available for regular problems, not just emergencies." Two clients wanted more specialization by staff. One client wanted 2 separate components, one for males and one for females. Another client staff with more training in Obsessive-compulsive Disease, multiple personalities and anoxia. A client from San Joaquin County wanted staff available at night.

VI. Data from Discharged Clients

Eleven clients were reported discharged by December 31, 2000. All were from San Joaquin county (n=4) or Sacramento county (n=7). The small number of discharges makes statistical analysis impossible, therefore the only descriptions of their scores will be provided in this report. The type of services received include: housing services, referral to community mental health services, screening and diagnostic services, assistance in obtaining housing, assistance in keeping housing, and case management services.

The clients' living situation had changed by the time of discharge. Previously, seven clients had been living in an apartment or house, 2 were living in housing with supportive services, and one was living in an adult residential treatment facility. Data was missing for one client. At the time of discharge, housing services has shifted towards more restrictive/supportive housing, with five clients living in apartments or house, 1 was in residential treatment center, 2 were in board and care facilities, 2 were in adult residential facilities, and one was living in "other" living facilities. This suggests that these clients needed a more protective environment and more treatment than the Supportive Housing projects could provide.

Chart 11 MHSIP Scores for Discharged Clients

Scoring Codes: 0=not applicable; 1=Strongly Disagree; 2=Agree; 3=Neutral; 4=disagree; 5=Strongly disagree

Eight of discharged clients completed the MHSIP. Satisfaction with services received the highest score with a mean of 3.8, see chart 8 below.

Appropriateness received the lowest average score with a mean of 3.3. Scores for the Outcomes and Access to services were middling, with means of 3.6 and 3.7 respectively.

Five of the 8 who answered the question reported that they did not attend self help groups. The three who did attend reported attending weekly (1) or monthly (2).

VII. ISSUES THIS REPORTING PERIOD

In this third six-month period (July 1, 2000 through December 31,2000) all of the projects were operational and began to submit data. The main issues this period which affect the evaluation of these projects were related to data collection and submission problems.

By the end of the reporting period (December 31, 2000) most of the projects had experienced data collection problems that required correction. Problems were mostly small and easily corrected. Typical were the failure to submit a complete set of forms, and failure to use the same date on a set of forms. Slightly more problematic were projects that had difficulty deciding when to start data collection of clients. For several projects the problem was that clients were contacted and evaluated for supported housing but housing was not available and projects were unclear about whether these evaluated-but-waiting clients should be admitted to the evaluation. This was decided on a project-by-project basis since each project is different.

Problems with submission involved problems with faxing data to the TELEform system. High resolution is a must and many of the projects, operating on a tight budget, had inexpensive fax machines with poor resolution. For some projects, faxing from their agency headquarters was a solution. For others, a new fax was needed. For a few counties, there were problems with forms, being faxed from the projects but never received at the TELEform computer. Staff are keeping a close eye on the Teleform system to see if they can identify an problems with receipt of data. Several projects also still had problems with tracking the forms and the state project evaluator worked with the individual project evaluators to correct these problems.

The next report will cover the period of January 1, 2001, through July 31, 2001, and should be completed by September 2001.

APPENDIX A DATA TABLES FOR PARTICIPANTS

TABLE A 1: CLIENT DEMOGRAPHIC CHARACTERISTICS

RACE / ETHNICITY	MALE	FEMALE	MISSING GENDER DATA	TOTAL
African-American	16	16	12	**44**
Asian	1	0	0	**1**
Filipino	1	2	1	**4**
Hispanic	10	6	3	**19**
Native American	3	5	0	**8**
White/Caucasian	93	91	11	**194**
Other	5	3	0	**8**
TOTAL	**129**	**123**	**27**	**278**

TABLE A 2: MENTAL HEALTH DIAGNOSIS OF PARTICPANTS

MENTAL HEALTH DIAGNOSIS	NUMBER	PERCENT OF CLIENTS
Anxiety/other disorders	16	6.8
Mood Disorders	137	49.3
Schiz/psychotic	106	38.1
Unknown/missing	19	5.8
TOTAL	**278**	**100**

TABLE A 3: MEAN AGE AND GAF SCORES OF CLIENTS

ITEM	NUMBER	MEAN	STANDARD DEVIATION
Client Age	271	40.0	10.8
Client GAF Score	265	55.8	10.5

TABLE A 4 KENNEDY AXIS V SUBSCALE SCORES AT ADMISSION

SUBSCALE ITEM	MEAN	STANDARD DEVIATION
Psychological Impairment	53.4	11.2
Social Skills	58.2	11.1
Violence	69.2	35.3
ADL-Occupational Skills	59.8	35.3
Substance Abuse	69.2	17.2
Medical Impairment	69.4	14.6
Ancillary Impairment	64.1	11.4
K Axis Scoring: 100=Superior; 90=good skills; 80=slight impairment; 70=mild difficulties; 60=moderate difficulties; 50=serious impairment; 40=major impairment; 30=considerable problems; 20=major problems functioning; 10=chronic problems		

TABLE A 5: CA-QOL SUBJECTIVE SCALE SCORES

SUBJECTIVE SCALES	AVERAGE SCORE	SCORING CODES
General Life Satisfaction	4.3	1 = Terrible
Satisfaction with Living Situation	4.7	2 = Unhappy
Satisfaction with Leisure Activities	4.5	3 = Mostly Dissatisfied
Satisfaction with Daily Activities	4.5	4 = Mixed
Satisfaction with Family Relationships	4.2	5 = Mostly Satisfied
Satisfaction with Social Relationships	4.5	6 = Happy
Satisfaction with Finances	3.4	7 = Delighted
Satisfaction with Safety	4.7	
Satisfaction with Health	4.0	

TABLE A 6: CA-QOL OBJECTIVE SCALE SCORES

OBJECTIVE SCALE ITEMS	AVERAGE SCORE	SCORING CODES
Frequency of Family contacts	3.1	0 = No Family 3 = Contact at least once a month 5 = Contact at least once a day
Frequency of Social Contact	3.3	1 = None 3 = Contact at least once a month 5 = Contact at least once a day
Amount of Spending $$	2.7	1 = Less than $25 a month 3 = $51 to $75 a month 5 = More than $100 a month
General Health Status	3.3	1 = Excellent 3 = Good 5 = Poor

TABLE A 7: CA-QOL OBJECTIVE SCALE SCORES

OBJECTIVE SCALE ITEM	PERCENT YES	PERCENT NO	TOTAL
Adequacy of Finances	65.4	34.6	**100**
Victim of Crime	10.3	89.7	**100**
Arrested	3.3	96.7	**100**

APPENDIX B DATA TABLES FOR NON-PARTICIPANTS

TABLE B 1: NON-PARTICIPANTS BY COUNTY

COUNTY	TOTAL CLIENTS ADMITTED	NUMBER OF NON-PARTICIPANTS	PERCENT OF CLIENTS NOT-PARTICIPATING
Alameda	40	0	0
Contra Costa	17	0	0
Kern	42	0	0
Monterey	12	0	0
Napa	7	0	0
Sacramento	15	0	0
San Joaquin	25	0	0
Santa Clara	23	0	0
Santa Cruz	53	16	23.2
Shasta	35	7	16.7
Solano	7	0	0
Yolo	2	0	0
TOTAL	**278**	**23**	**8.2**

TABLE B 2: NON-PARTICIPANTS DEMOGRAPHIC CHARACTERISTICS

RACE/ETHNICITY	MALE	FEMALE	MISSING GENDER DATA	TOTAL
African-American	1	0	-	**1**
Asian	2	1	-	**3**
Filipino	0	0	-	**0**
Hispanic	0	0	-	**0**
Native American	0	2	-	**2**
White/Caucasian	8	9	-	**17**
Other	0	0	-	**0**
TOTAL	**11**	**12**	**0**	**23**

TABLE B 3 MENTAL HEALTH DIAGNOSIS OF NON-PARTICIPANTS

MENTAL HEALTH DIAGNOSIS	NUMBER	PERCENT OF NON-PARTICIPANTS
Anxiety/other disorders	0	0
Mood Disorders	7	30.4
Schiz/psychotic	16	69.6
Unknown/missing	0	0
TOTAL	23	100

TABLE B 4 MEAN AGE AND GAF SCORES OF NON-PARTICIPANTS

ITEM	NUMBER	MEAN	STANDARD DEVIATION
Client Age	23	43.1	8.9
Client GAF Score	23	50.2	7.3

APPENDIX C ANNUAL CLIENTS

TABLE C 1 CLIENT DEMOGRAPHIC CHARACTERISTICS - ANNUAL CLIENTS

RACE / ETHNICITY	MALE	FEMALE	MISSING GENDER DATA	TOTAL
African-American	1	1	0	2
Asian	0	0	0	0
Filipino	0	0	0	0
Hispanic	0	3	0	3
Native American	0	1	0	1
White/Caucasian	6	2	0	8
Other	0	1	0	1
TOTAL	7	8	0	15